

Department of Municipal Licenses and Inspections

Mary E. McGrath, R.S., Director 90 Pond Street - Braintree, Massachusetts 02184

Building Division Telephone: 781-794-8070 Health Division Telephone: 781-794-8090 Fax: 781-794-8098

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Date: _____



Name & Address of Owner:___

Application for Sign Permit

Town of Braintree

Name & Address of Business:

		Phone Number:		
Name & Address of S	ign Contractor:			
		Phone Number:		
		Cell Num	Cell Number:	
Type & Number of Sig	ns to be installed:	:		
Canopy Sign	Size:	Sq. Ft Sq. Ft Sq. Ft		
Foundation type & siz	e:			
 Two color plan height & methodology Construction of building or struction of the plan showing to bottom and site plan indicated NOTICE TO ALI CONNECTION MA 	ns indicating exact od of illumination. letails indicating foucture. location of sign on top of proposed si ating location of proposed SI APPLICANTS. IY BE INSTALLED	pany ALL sign application content of sign along with bundation and/or method of building or structure indicing as well as building from roposed ground sign as application of the sign application of the sign application and sign as application of the sign application and sign application application of the sign along with the sign along the sign alo	sign, length, width, of attachment to ating height from grade stage. oplicable. AN ELECTRICAL A WIRING PERMIT!	
Off	icial Use Only! Do	o Not Write Below This L	ine!	
Approved By:	3	Date:		
Permit No.	Fee:	Мар	Lot	
Foundation Inspection:		Final Inspectio	n:	